

INDIVIDUAL AND SMALL GROUP FILING SUMMARY
(WAC 284-43-945)

Carrier Name	
Address	
Carrier Identification Number	

Rate Renewal Period:	From		To	
Date Submitted:				
Type of Filing:	Individual Plans ‘		Group Plans ‘	

Proposed Rate Summary

Current community rate		per month
Proposed community rate		per month
Percentage change		%
Portion of carrier’s total enrollment affected		%
Portion of carrier’s total premium revenue affected		%

Components of Proposed Community Rate

	Dollars Per Month	% of Total
a) Claims		
b) Expenses		
c) Contribution to surplus, contingency charges, or risk charges		
d) Investment earnings		
e) Total (a + b + c - d)		

Summary of Pooled Experience

	Experience Period From To	First Prior Period From To	Second Prior Period From To
Member Months			
Earned Premium			
Paid Claims			
Beginning Claim Reserve			
Ending Claim Reserve			
Incurred Claims			
Expenses			
Gain/Loss			
Contribution to Corporate Surplus			
Loss Ratio Percentage			

General Information

1. Trend Factor Summary

Type of Service	Annual Trend Assumed	Portion of Claim Dollars
Hospital	%	%
Professional	%	%
Prescription Drugs	%	%
Dental	%	%
Other	%	%

2. List the effective date and rate of increase for all rate changes in the past three rate periods.

1) _____ 2) _____ 3) _____
Date % Date % Date %

3. Since the previous filing, have any changes been made to the factors or methodology for adjusting base rates?

Geographic Area	' Yes	' No
Family Size	' Yes	' No
Age	' Yes	' No
Wellness Activities	' Yes	' No
Tenure Discounts	' Yes	' No
Other (specify)	' Yes	' No

4. Attach a table showing the base rate for each plan affected by this filing.

5. Attach comments or additional information.

6. Preparers Information

Name: _____

Title: _____

Telephone Number: _____